



Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 108-481).

# FEE TRANSMITTAL For FY 2005

Applicant Claims small entity status. See 37 CFR 1.27

Application Number	10/791,790
Filing Date	3/4/2004
First Named Inventor	MAKINO
Examiner Name	LE
Art Unit	2816
TOTAL AMOUNT OF PAYMENT	(\$ 120)
Attorney Docket No.	11-231

## METHOD OF PAYMENT (check all that apply)

Check  None  Other (please identify):

Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

- 20 or HP =                    x                    =                   

Small Entity

<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25
200	100
360	180

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

- 3 or HP =                    x                    =                   

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$                    (\$ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 =                    / 50 =                    (round up to a whole number) x                    =                   

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Extension of time for reply within first month

120

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	43,102	Telephone	(703) 707-9110
Name (Print/Type)	Robert L Scott, II			Date	8 December 2005

## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
11-231

In re Application of MAKINO et al.

Application Number 10/791,790 Filed: 3/4/2004

For: SWITCHED-CAPACITOR LOW-PASS FILTER AND SEMICONDUCTOR  
PRESSURE SENSOR APPARATUS INCORPORATING THE FILTER

Group Art Unit 2816 Examiner LE

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows  
(check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,590.00
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2160.00
<input type="checkbox"/> Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.	

A small entity statement under 37 CFR 1.27:

is enclosed.

has already been filed in this application.

A check in the amount of the fee is enclosed.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account

Number 50-1147. I have enclosed a duplicate copy of this sheet.I am the  assignee of record of the entire interest.

applicant.

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a).       Date 8 December 2005

Signature

Robert L. Scott, II (Reg. No. 43,102)

Typed or printed name